

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014422

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 0000Registrar's No. 195

STATE FILE NUMBER

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau Mo.

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Egypt Mills

Length of stay in 1b

38

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONAuto Accident
End Road

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Cape

admission)

c. CITY

OR TOWN

Egypt Mills

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

R R 1

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lloyd

Calvin

Dillingham

4. DATE

OF DEATH

Month

Day

April 29 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-3-1924

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months Days Hours Min.

0 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Truck Driver

11. BIRTHPLACE (City and state or country)

Egypt Mills Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Jesse Dillingham

13b. MOTHER'S MAIDEN NAME

Valine Lueders

14. NAME OF HUSBAND OR WIFE

Mona Dillingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

6

17. INFORMANT

Mrs Mona Dillingham Cape Gir

Address R 1

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain Concussion

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Auto Accident

DUE TO (c)

Crushed chest, L. Side of face dislocated + both

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Jawbones broken, R. Leg below knee + R. ankle broken

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

Accident

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Ran car off road into ditch, & hit culvert.

20c. TIME OF INJURY

2:25

Hour Month, Day, Year

a.m. 4-29-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

X End Road in City Limits

20f. CITY, TOWN, OR LOCATION

Cape Girardeau Cape Girardeau, Mo.

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 2:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Walter J. Ford

(Degree or title)

Coroner

22b. ADDRESS

Cape Girardeau Mo.

22c. DATE SIGNED

4-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-2 1962

23c. NAME OF CEMETERY OR CREMATORY

Egypt Mills Cemetery

23d. LOCATION (City, town, or county)

Egypt Mills Mo.

(State)

24. FUNERAL DIRECTOR

Brinkopf Howell Cape Gir Mo.

ADDRESS

25. DATE REC'D. BY LOCAL REG.

May 3, 1962

26. REGISTRAR'S SIGNATURE

Jimmie Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10160

20160-

3

4 0

5 1

6

7 0

8 2

9 X

10

11 016

12 91-3

13 1-0

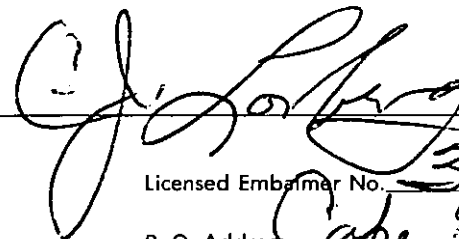
3 MAY 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.